



Viral Hepatitis - Patient/Professional Education Materials Order Form

1.	"Hepatitis C prevention" (patient education pamphlet) - limit 500	
2.	"If you have hepatitis C" (patient education pamphlet) - limit 500	
3.	"Get tested for hepatitis C" (patient education pamphlet) for persons who have had blood transfusions (English)- limit 500	
4.	"Get tested for hepatitis C" (patient education pamphlet) for persons who have had blood transfusions (Spanish)- limit 500	
5.	Audiotape on Hepatitis C: Diagnosis, Clinical Management, Prevention - (includes item # 1, 2, 3, 4, and 11) - limit 5	
6.	General information on hepatitis C (includes items # 1, 2, 3, 4 and 11) - limit 5	
7.	Hepatitis A prevention pamphlet - (patient education pamphlet) - limit 500	
8.	General information on hepatitis A (includes items # 7 and 12) - limit 5	
9.	Hepatitis B prevention pamphlet (patient education pamphlet) - limit 100	
10.	General information on hepatitis B (includes items # 9 and 13) - limit 5	
11.	Recommendations for Prevention and Control of Hepatitis C (HCV) Infection and HCV-related Chronic Disease (MMWR) - for providers only - limit 10	
12.	Prevention of Hepatitis A Through Active or Passive Immunization (MMWR) - for providers only - limit 10	
13.	Hepatitis B Virus: A Comprehensive Strategy for Eliminating transmission in the United States Through Universal Childhood Vaccination (MMWR) - for providers only - limit 10	
14.	"You May be at Risk of Hepatitis C if You had a Blood Transfusion Before July 1992" (patient education pamphlet)- (available in English and Spanish) - limit 500	# English- # Spanish-
15.	"You May be at Risk of Hepatitis C if You had a Blood Transfusion Before July 1992" (poster)- (available in English and Spanish)- for providers only - limit 10	# English- # Spanish-

Please *PRINT* your address information and mail this form to:
 Centers for Disease Control and Prevention
 1600 Clifton Rd., NE -Hepatitis Branch, MS G-37-Atlanta, GA 30333
Or fax to (404) 371-5488
 You should receive your information in 2 weeks.

Name: _____
 Company/Office: _____
 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____